

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 27-MAY-2018		TIME 0309		ADDRESS OF OCCURRENCE 2731 W 52ND ST CHICAGO, IL 60632		LOCATION CODE 304		BEAT/OCCUR. 0923		VIDEO RECORDED INCIDENT <input type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO			
	BUSINESS NAME					<input type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)		ASSIGNMENT TYPE <input type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE						
	EVENT NO. 02766		RD NO. JB280487		IR NO.		CB NO.		CHARGE		INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
INVOLVED MEMBER	LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS <input type="checkbox"/> ARTIFICIAL		WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG		PATROL TYPE? <input type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> FOOT		<input type="checkbox"/> SQUADROL <input checked="" type="checkbox"/> OTHER: OFF DUTY		MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR	
	RANK 9161		LAST NAME GARCIA		FIRST NAME DAVID		EMPLOYEE NO.		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE 4		AGE 34	
	DATE OF APPT. 04-NOV-2013		UNIT & BEAT OF ASSIGN. 007		DUTY STATUS <input type="checkbox"/> ON <input checked="" type="checkbox"/> OFF		IN UNIFORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Swelling		<input type="checkbox"/> Minor Contusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)			
SUBJECT INFORMATION	LAST NAME UNKNOWN		FIRST NAME		M.I.		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		RACE WHITE		D.O.B.		HT. WT.	
	ADDRESS		TELEPHONE NO.		CONDITION <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Injured Unrelated to Force		<input type="checkbox"/> Injured by Member <input type="checkbox"/> Alleges Injury by Member <input type="checkbox"/> Under Influence of Alcohol		<input type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder		OTHER (Specify) UNKNOWN			
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input type="checkbox"/> Performed by Member <input type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)													
SUBJECT'S ACTIONS (Check all that apply)	<input type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)		<input type="checkbox"/> THROWN OBJECT (DESCRIBE)		WAS SUBJECT ARMED WITH WEAPON? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, DESCRIBE BELOW:							
	<input checked="" type="checkbox"/> VERBAL THREATS		<input type="checkbox"/> HAND/ARM/ELBOW STRIKE				<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE							
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> KNEE/LEG STRIKE				<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> OTHER (DESCRIBE) UNKNOWN FIREARM							
MEMBER'S RESPONSE (Check all that apply)	<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> MOUTH/TEETH/SPIT		<input type="checkbox"/> IMMINENT THREAT OF BATTERY WITH WEAPON		<input type="checkbox"/> TASER/STUN GUN <input type="checkbox"/> RIFLE							
	<input type="checkbox"/> FLED		<input type="checkbox"/> PUSH/SHOVE/PULL		<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON		<input type="checkbox"/> VEHICLE <input type="checkbox"/> SHOTGUN							
	<input type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON		<input type="checkbox"/> GRAB/HOLD/RESTRAIN		<input checked="" type="checkbox"/> PHYSICAL ATTACK WITH WEAPON		<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:							
WEAPON DISCHARGE	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> WRESTLE/GRAPPLE		<input checked="" type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint							
	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)				<input type="checkbox"/> DNA <input checked="" type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon							
	<input type="checkbox"/> OTHER (DESCRIBE)		<input type="checkbox"/> OTHER (DESCRIBE)				<input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member							
WEAPON DISCHARGE	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES IF YES, IDENTIFY MANNER OF ATTACK		MANNER OF ATTACK <input checked="" type="checkbox"/> Shot/Shot At <input type="checkbox"/> Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Stabbed/Cut (Including Attempt) <input type="checkbox"/> Other (Including Verbal Threats)									
	TYPE OF ACTIVITY? <input checked="" type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disturbance - Domestic <input type="checkbox"/> Disturbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Processing/Transporting/Guarding Arrestee		<input type="checkbox"/> Traffic Stop <input type="checkbox"/> Man with a Gun <input type="checkbox"/> Disturbance - Other		Charge:									
	<input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disturbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative				IUCR CODE:									
WEAPON DISCHARGE	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input checked="" type="checkbox"/> Subject Armed with Weapon		<input type="checkbox"/> Defense of Department Member <input checked="" type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional											
	FORCE MITIGATION EFFORTS <input type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input checked="" type="checkbox"/> MOVEMENT TO AVOID ATTACK <input type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE		<input type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input type="checkbox"/> ADDITIONAL UNIT MEMBERS											
	CONTROL TACTICS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> CONTROL INSTRUMENT <input checked="" type="checkbox"/> OTHER NO CONTACT WITH OFFENDER		<input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS											
WEAPON DISCHARGE	RESPONSE WITHOUT WEAPONS <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE		RESPONSE WITH WEAPONS <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input checked="" type="checkbox"/> SEMI-AUTO PISTOL											
			<input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN											
			<input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER											
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		WEAPON TYPE: <input checked="" type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> TASER <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> RIFLE		WEAPON SERIAL NO. VUM744		WEAPON CERT. NO.							
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER		WAS SUBJECT VEHICLE USED AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON									
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> OTHER OBJECT <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input checked="" type="checkbox"/> UNKNOWN									
WEAPON DISCHARGE	TASER DISCHARGE ONLY TASER DART ID NO.		PROPERTY INVENTORY NO.		PROBE DISCHARGE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		CONTACT STUN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		ARC CYCLE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER		SPARK DISPLAY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER			
	FIREARM DISCHARGE ONLY WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify)		TOTAL NO. OF SHOTS FIRED 10		WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MAKE/ MANUFACTURER GLOCK GMBH		MODEL 17		DID MEMBER FIRE AT A VEHICLE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): ☒ IMMEDIATE SUPERVISOR ☒ DISTRICT OF OCCURRENCE NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): ☒ OEMC ☒ CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)

REPORTING MEMBER (Print Name)

GARCIA, DAVID

STAR/EMPLOYEE NO.

17287

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☐ Gun Shot ☐ HOW WAS INJURY SUSTAINED? ☐ Intentional Act by Member ☐ Intentional Act by Self ☐ Intentional Act by Other ☒ None / None Apparent ☐ Minor Laceration/Abrasion ☐ Laceration Requiring Sutures ☐ Fatal ☐ Unintentional Act by Member ☐ Unintentional Act by Self ☐ Unintentional Act by Other ☐ Minor Swelling ☐ Complaint of Substantial Pain ☐ Broken/Fractured Bone(s) ☐ Other (Explain)

WITNESSES <input checked="" type="checkbox"/> UNK	LAST NAME	FIRST NAME	M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL		TELEPHONE NO.		WITNESS INTERVIEW <input checked="" type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)	
	WITNESS STATEMENT					

REVIEWING SUPERVISOR: COMMENTS

REPORTING SERGEANT HAS REVIEWED THIS TACTICAL RESPONSE REPORT AND IS IN AGREEMENT WITH THE MEMBER'S FORCE RESPONSE. IN ACCORDANCE WITH GENERAL ORDER G03-02-03. THE ABOVE DEPARTMENT MEMBERS' USE OF A FIREARM WAS OBJECTIVELY REASONABLE, NECESSARY UNDER THE CIRCUMSTANCES, AND PROPORTIONAL TO THE THREAT. ACTIONS, AND LEVEL OF RESISTANCE OFFERED BY A SUBJECT.

ATTACHMENTS: ☒ CASE REPORT ☐ ARREST REPORT ☐ SUPPLEMENTARY REPORT ☐ INVENTORY ☐ IOD REPORT ☐ TASER DOWNLOAD ☐ OTHER

REVIEWING SUPERVISOR:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☐ LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED.

☒ I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print)

THOMPSON, PARIS

STAR NO.

945

SIGNATURE

DATE/TIME COMPLETED

27-MAY-2018 0900

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

- THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
- A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 - THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 - CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 - DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT	TIME	ADDRESS OF OCCURRENCE	EVENT NO.	RD NO.			
	27-MAY-2018	0309	2731 W 52ND ST CHICAGO, IL 60632	02766	JB280487			
	RANK	MEMBER LAST NAME	MEMBER FIRST NAME	EMPLOYEE NO.	CB NO.	CHARGE		
	9161	GARCIA	DAVID					
	SUBJECT LAST NAME		SUBJECT FIRST NAME		M.I.	SEX	RACE	D.O.B.
	UNKNOWN					<input checked="" type="checkbox"/> M <input type="checkbox"/> F	WWH	

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE ☒ DNA ☐ REFUSED ☐ INTERVIEW NOT CONDUCTED (Specify Reason)

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☒ ADDITIONAL ATTACHMENTS

This is an active investigation involving the "Use of Deadly Force" by a department member and is being investigated by COPA and department detectives for criminal charges against the offenders that attacked Officer Garcia. Due to the fact that this remains an active investigation by both agencies and the offenders have yet to be identified this investigation is continuing and ongoing. At the time of this report with all facts known and presented to R/OCIC Officer Garcia operated within department guidelines and was justified in the use of deadly force for the "Sanctity of Human Life".

LT OR ABOVE/INCIDENT COMMANDER:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:

1089617

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

☐ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☒ A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? ☒ NO ☐ YES, DESCRIBE BELOW:

☐ OTHER:

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO

☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

CALURIS, STEVEN M

STAR NO.

520

SIGNATURE

DATE/TIME COMPLETED

27-May-2018

